

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

**FORM-GB**

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

IOWA BOARD OF PHARMACY--PRESCRIPTION MONITORING PROGRAM	
Name of Department or Office 400 SW 8TH STREET SUITE E	DES MOINES IA 50309-4688
Mailing Address 515-281-5944	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

ANDREW FUNK, EXECUTIVE DIRECTOR	
Name	
Mailing Address (if different from above) ANDREW.FUNK@IOWA.GOV	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

DELTA DENTAL OF IOWA FOUNDATION	
Name	
9000 NOTRHPARK DRIVE	JOHNSTON IA 50131
Mailing Address	City, State, Zip Code
515-261-5500	
Area Code & Telephone Number	
Email Address (optional)	

MARCH 26, 2018	\$4,250.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

TO HELP FUND THE DEVELOPMENT AND PUBLICATION OF AN EDUCATIONAL WEBINAR RELATING TO THE IOWA PRESCRIPTION MONITORING PROGRAM AND ITS USE.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, **ANDREW FUNK**, affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

03/26/2018

Date